

THE ROLE OF THE FAMILY IN PROMOTING DRUG FREE COMMUNITIES IN NIGERIA

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ABSTRACT

Drug abuse is rapidly growing worldwide problem. The problem of drug abuse poses a significant threat to the health, economic, and social structure of families, communities and the nations. Almost every country in the world is affected from drug abuse among its citizens. The problem of drug abuse has now crossed national, religious ethnic, and gender lines. Curiosity and desire to find out the effectiveness of a particular drug, social pressure and peer group influences are reported to be the primary reasons for drugs abuse. The high level of drug abuse has brought problems such as increase in HIV/AIDS diseases, increase of Hepatitis B and C virus, crimes, violence and collapse in the social structure. The paper discusses the impacts of drugs abuse on the family. This paper also discusses the relevance of the Nigerian family in the prevention of drug and alcohol related problems.

Keywords: *family, drugs, drug abuse, prevention*

INTRODUCTION

The use of tobacco, alcohol and other substances constitutes one of the most important risk-taking behaviour among youth's and adolescents in Nigeria. Despite worldwide concern and education about drugs abuse, many youth's and adolescents have limited awareness of their adverse effects; curiosity and desire to find out the effectiveness of a particular drug, social pressure and peer group influences are reported to be the primary reasons for drugs misuse. Most of the adolescents and youth's start using drugs by experimenting with alcohol, tobacco and latter they move on to take hard drugs such as, cocaine and marijuana. The menace of drug abuse has eating deep into the fabrics of Nigerian society (Abudu, 2008; Lakhanpal & Agnihotri, 2007; Oshodi & Aina, 2010). Worldwide, United Nations on Drugs and Crime (UNODC) estimated that, between 2009 and 2010, 149 to 272 million people, equivalent to 3.3 percent to 6.1 percent of the population aged 15 to 64 misuse drugs (UNODC, 2011). Cannabis is the most widely used drug, the number of cannabis user's was estimated between 125 to 203 million in 2009 and 2010, equivalent to prevalence rate of 2.8 percent to 4.5 percent of the population aged 15 to 64. Amphetamines type's stimulants is the second most widely used group of drugs, (ATS) and the prevalence rate range from 14 to 57 million people equivalents to 0.3 percent to 1.3 percent of the population aged 15 to 64. The third most widely used drug appear to be the opioids, ranging from 12 to 21 million people equivalent to a prevalence rate of 0.5 percent to 0.8 percent of the population aged 15-64. While Cocaine appears to rank fourth in terms of global prevalence, with

estimates ranging from 14 to 21 million individual's equivalent to an annual prevalence rate ranging from 0.3 percent to 0.5 percent of the population aged 15 to 64 (UNODC, 2011).

Data on drugs abuse in Africa is extremely limited, because there is lack of scientific surveys in the region. The limited information on drugs related treatment in Africa identified cannabis as the main problem, accounting for 64 percent of all treatment demand in the region; this is a far higher proportion of cannabis than any other region, followed by Opioids 19 percent, Cocaine 5 percent, and Amphetamines type's stimulants (ATS) 5 percent, Methaqualone 4 percent, khat 3 percent, inhalants and solvents 3 percent, sedatives and tranquillizers 2 percent (UNODC, 2011). The drugs abuse related death in Africa is also limited. The best available estimates suggested that there are 13,000 and 41,700 drugs abuse related deaths, equivalent to between 23 and 74 per one million people aged 15 to 64. These figures show that drugs related deaths in Africa are close to the global average.

Drug abuse in Nigeria

Horrible youthful activities are widespread in Nigeria to the extent that they have been giving a lot of concern to the society, government and other stake holders in Nigeria. In primary schools, peers engage in organized crimes and disrupt normal academic programs. In secondary schools and most Nigerian universities, the activities of secret cults are known to have been source of threat to lives and properties. Outside the campuses, a lot of ritual killings are taking place (Abudu, 2008; Oshodi, Aina, & Onajole, 2010). The impact of drug abuse among Nigerian citizens has been a feature of a morally bankrupt, corrupt and wasted generation and loss of our societal values and ideals. The situation now appears to be such that no one can argue ignorance of what is happening (Abudu, 2008; Mamman Othman, & Lian, 2014). We cannot sit and illegitimately pretend on the menace of drug abuse among our youths and adolescents. Giade, (2011), any nation being used by drug barons as a transit route has the potentials of becoming a drugs abuse consumer's country, drugs abuse threaten the security of every nation, tearing apart our societies, spawning crime, spreading diseases such as HIV/ AIDS, and killing our youths and our future".

Prevalence rates of drug abuse in Nigeria

In Nigeria, earlier studies on drugs abuse were largely hospital based and limited to selected regions of the country, and for the past 10 to 5 years, such studies have taken the form of field work employing epidemiological techniques so as to provide more comprehensive information related to types, pattern of abuse and psycho-social correlates in drugs abuse among the citizens (Abudu, 2008; Oshodi, et al., 2010) From such studies it has been found out that alcohol, hyponosedatives, tobacco, and psycho stimulants were the commonly abuse drugs (UNODC, 2007). In Nigeria, the estimated life time consumption of cannabis among the population is 10.8 percent, followed by psychotropic substances like benzodiazepines and amphetamine-type stimulants 10.6 percent, heroin 1.6 percent, and cocaine 1.4 percent, in both urban and rural areas. Drugs abuse appears to be common among males with 94.2 percent than females 5.8 percent, and the age of first use is 10 to 29 years. The use of volatile organic solvents is 0.53

percent, and is widely spread among the street children, in school youth's and women. Multiple drug use happens nationwide with 7.88 percent to varying degree.

From the record of drugs abuse in Nigeria, the Northwest has a statistics of 37.47 percent of the drug victims in the country, while the Southwest has been rated second with 17.32 percent, the south-East is been rated third with 13.5 percent, North-central has 11.71 percent, while the North-east zone has 8.54 percent of the drug users in the country (Akannam, 2008). Akannam (2008) stated that the different types of drugs abuse are Cannabis Sativa, solution, lizard-dung, Delta, Madras, kwana Tara, Magdon, and Valium. Others are Benylin with Codeine (Cough Syrup), Solvent, Arungumi Zaki, and Tsumi, among others. It was estimated that over 3 million bottles of Benylin with Codeine (Cough syrup) are being consumed in both Jigawa and Kano states daily due to scarcity of cocaine (Akannam, 2008). And over 6 million bottles of Codeine are sold on a daily basis in the North-Western part of the country, (Williams, 2012).

Family and early childhood factors in drug abuse

The way family dynamics affects or influence drug-using behaviours of children has received increased attention of researchers and prevention experts in recent years. (Abudu, 2008; Desalu, et al., 2010) describe a number of risk factors to explain drug abuse in Nigeria which includes:

1. Parental and sibling use of alcohol and drugs: This is an important variable in the initiation of drug use among children. For example, male children of parents with alcohol or drug related problems are more likely to develop alcohol and drugs problems than other children, whom neither their parents nor their siblings are drug users.
2. Inadequate socialization: Poor socialization of the child may result in weak bonds with parents and/or significant persons in the social environment and a strong attachment to delinquent peers. One consequence of this is the development of problem behaviour including drug abuse. In a tripartite model of African socialization of the substance abuser provides some evidence that major crises in authority, group, and body-mind-environment dimensions are responsible for the initiation of drug use.
3. Marital discord: Discord between husband and wife is a risk factor for psychological disorders because discord leads to family disorganization. The problem behaviour of the child is often an attempt to reunite the parents by focusing them on his or her problem. Research has also showed that when the families are not cohesive parent-child attachment and warmth will be lacking. The children may grow up with low self-esteem and generally poor emotional well being and therefore may use drugs to "feel good." In a family where one parent is distant and the other is indulgent and over-protective, the condition is set for the beginning of problem behaviours including drug abuse.
4. Family norms and attitudes: Norms and attitudes which do not disapprove of drugs and alcohol encourage their use. A general population survey of alcohol use in Nigeria showed that adults are generally very disapproving of the use of alcohol by young people either at home, with friends or at social functions.
5. Stress in the family: Crises within the family can precipitate drug use or any other form of abnormal behaviour as a way of coping with the stress brought by the crises study showed that the factors associated with psychological disturbance among Nigerian students

Include: coming from a family with more than five children, coming from a polygamous home, being the last born child, and having, (Desalu, et al., 2010).

Consequences of drug abuse on the family

The various consequences of drug addiction or drug abuse are so devastating and very shameful to the extent that both the nation and international organizations all over the world are also worried about the spread of this scourge among the youths and adolescents and some of these consequences of drug abuse on the family includes: (Lakhanpal & Agnitotri, 2007; Henry, Smith, & Caldwell 2007; Low, Short, & Snyder, 2012).

1. Inconsistent discipline, on the part of the drugs users in the family, and increase in violence and crime as well as collapse in the family structure.
2. A drug-abusing parents may abuse the children or spouse physically.
3. Addicted parents are prone to neglect the educational and social needs of their children.
4. A family with drug users is likely to be unstable and prone to more conflict than might have been the case without the problem.
5. Children of drug abusing parents are predisposed to becoming drug abusers themselves.
6. School failure can occur on the part of the children, and support an anti social behaviours and later to delinquency.

The role of the family in prevention and treatment of drug related problems

The family is concerned in the commencement and maintenance of drug abuse behaviours. Therefore to control the problem the family (not just the parents or children but the whole system as a unit) must be actively involved. The role of the family in alcohol and other drug related usage initiation, prevention and treatment lies in family system theory. The basic assumption of this theory is that significant persons in the family influence the way members relate to each other and also influence the onset or solution of the problem. In treatment, familial influences may facilitate the intervention because there can be a large number of persons available who can assist the person addicted to drugs. While it is true that the Nigerian family has changed in recent years as a result of external influences, the extended family structure has been generally resilient enough to continue to play the role of a control and social support system in the prevention and treatment of drug abuse. The implication seems to be that if the family, whether nuclear or extended, is strong and united the problem of drug abuse will not arise and if it does will be resolved successfully. Some of the ways that parents can prevent drug abuse in children includes:

- Parents should abstain from drugs and regulated use of alcohol. Even the use of prescription drugs (generally purchased without prescription in Nigeria) should be done in such a way that children do not grow up believing drugs are the cure for all ills, whether physical or Psychological.
- Parents and other members of the family should be involved actively in the education of the children by showing interest in their work. Poor performance in school is associated

with drug abuse and vice versa, hence the effects of parent's involvement may improved academic performance and reduced chances of drug use. The extended family structure makes it possible to assign specific roles to competent individuals when parents are not capable or available. When the extended family is effective, early recognition of a problem is also possible.

- Recognizing the early warning signs of substance abuse and taking appropriate action can help to prevent the problem from getting out of control. In the early stages of life the family is, of course, responsible for the socialization of the child. This process of introducing the child to the ways of the group is a community affair. Morals and norms are taught using different methods. Folklore is important, so also is imitation and practical training. This approach can be adapted specifically to the prevention of drug abuse in the community and, in fact, the operation of a therapeutic community. In the treatment and rehabilitation of an addicted member the role of the family as a unit becomes critical.
- Drug abuse is a chronic, relapsing disorder. From the beginning of treatment to long-term rehabilitation, social support is required. Especially in situations where there are few social services for recovering addicts (as is the case in most African countries), only the family can guarantee such support. Traditionally the Nigerian family is involved in all aspects of substance abuse treatment. It is often the case that even estranged members of the family are brought together in the process of seeking help for a troubled relative. Depending on skills or acquired status in the family, a member is assigned specific roles in the "therapy managing group." Such roles include:
 - ❖ Deciding on the type of therapy (Traditional, spiritual, western, or a combination of these).
 - ❖ Looking for and consulting the healer.
 - ❖ Paying for the treatment.
 - ❖ Attending meetings called by the healer
 - ❖ Deciding on post-treatment rehabilitation.

Demonstration of family unity is important in therapeutic interventions. When members of the family are summoned by the healer to a meeting it is often because the healer traces the source of the problem (Abudu, 2008).

Strengthening the Nigerian family to work towards building of drug free communities

The family cannot be expected to carry out its functions in isolation. The reality of life in Nigeria today is that the family is under stress and needs help to cope with difficult socio-economic conditions. Some of the resources needed in a changing society can only be provided centrally. Through social policies that are aimed at manipulating the environment. Many researchers such as Kayongo-Male and Onyango (1984) have discussed the areas that need to be addressed. Some of these areas are directly related to the control of drug abuse. This includes:

Health Care

- The establishment of more facilities for treatment and rehabilitation of drug dependent persons.

- Family planning services to help prevent risky pregnancies and therefore reduce the incidence of maternal death and the birth of children who may grow up to become problem children.
- Pre-and post-natal care.

Education

- Conducting literacy classes for adults.
- Making formal education more accessible to women.
- Teaching parenting skills to urban mothers because of increasing confusion about how to raise children (especially regarding the best approaches to discipline children) in a modern society where there are conflicts between old and new ways.
- Making available and accessible information on drugs, drug abuse prevention and treatment and where to seek for help when needed.

Social Welfare Programs

- Counseling services, especially in the cities because traditional support is weak or sometimes unavailable.
- Day care for children.
- Recreational and other social opportunities for children.
- School lunch programs.

Legal Protection for Women and Children

- Giving equal rights to women in marriage and divorce.
- Legislating against child and forced marriages.
- Controlling child labour and other forms of child abuse.

In addition, there is a need for the provision of factual and clear information about drugs and drug abuse to families in both rural and urban areas. For example, many parents are not aware of the drug behaviours of their children and are often at a loss as to what do when they discover that their children are using drugs. In many communities, alcoholism is not regarded as a serious problem and, therefore, help is not given when it would be useful. A sustained community education program using a network of community health workers and drug abuse control agencies, including NGOs, is an essential feature in any effort to promote drug free lifestyles.

CONCLUSION

It is important to stress the need to maintain the central role of women in the Nigerian family. Unfortunately, this primary caregiver suffers from neglect and has to fight for her rights (Obot, 2008). There is an urgent need for improvements in the legal status of women and other areas listed above if the Nigerian family will continue to play a vital role in preventing and eradicating social problems in a fast changing society. Unhappy, hungry and traumatized families cannot be expected to perform these functions effectively. What will save the modern Nigerian family are the implementation of human-centered social policies which do not focus on limited parameters of economic development, along with the maintenance and refinement of those old ways which have made the Nigerian family a veritable institution of care in the community. In substance

abuse as in other social problems prevention is indeed better than cure. The most effective vehicles for prevention and, indeed, treatment are strong, healthy and loving families.

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